

Jun-18-2004 11:30

From-OFFICE OF HEALTHCARE

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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	BridgePort M&T Center	
Doing Business As	BridgePort M&T Center	
Name of Parent Corporation	BridgePort M&T Center	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	211 Birds eye Street APT #C2 BridgePort CT 06604	
Applicant type (e.g., profit/non-profit)	Profit	
Contact person, including title or position	ASHRAF HUSSIAN OWNER/President	Mohamad Hussian Vice President
Contact person's street mailing address	211 Birds eye Street APT #C2 BridgePort CT 06604	211 Birds eye Street APT #C2 BridgePort CT 06604
Contact person's phone #, fax # and e-mail address	(203) 515-1747 (203) 854-9831	

Attention Susan

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SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Bridge Port MRI Center

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☒ New (F, S, Fnc)

☐ Replacement

☐ Additional (F, S, Fnc)

☐ Expansion (F, S, Fnc)

☐ Relocation

☐ Service Termination

☐ Bed Addition

☐ Bed Reduction

☐ Change in Ownership/Control

☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☐ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New

☐ Replacement

☐ Major Medical

☐ Imaging

☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

1374 BARNUM AVENUE 06610
Bridge Port Ct.

d. List all the municipalities this project is intended to serve:

MRI

e. Estimated starting date for the project: NOV 1st 2004

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- f. Type of project: MRI 19 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ **\$ 600,000**
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 50,000
Medical Equipment (Purchase)	\$ 275,000
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	\$ 50,000
Sales Tax	Deferred
Delivery & Installation	\$ 75,000
Total Capital Expenditure	\$
Fair Market Value of Leased Equipment	\$ 275,000
Total Capital Cost	\$

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6/18/04**Major Medical and Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit
MRI	GE	PROFILE	1	\$235,000

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

- c. Type of financing or funding source (more than one can be checked):
- ☐ Applicant's Equity ☒ Lease Financing ☐ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
- ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: NA
- ☐ The cost of the equipment is not to exceed \$2,000,000.
- ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

Proposed Project;

Bridgeport MRI Center
1374 Barnum Avenue
Bridgeport, ct
06610

We are proposing to open our facility on November 1st 2004 on Barnum avenue in Bridgeport Ct. Our intent is to provide MRI imaging care to patients in the Bridgeport and surrounding area of southern Connecticut.

We are self owned and are seeking no grant or loan for our MRI equipment. Our intent is to except all HMO and health plans to benefit all patients in our facility

With a Profile MRI and extended hours with staff on call for emergency imaging services will be greatly appreciated by needs of physicians and patients, along with adequate parking at a convenient location in Bridgeport.

We are aware that there are other facilities similar to what we are proposing, but with our extended hours, on call staff, and having an additional open MRI in the area, with current facilities already being over booked due to a great demand of patients need. some cases are 24 to 48 hours for a patient to receive an "emergency" MRI wished to be ordered by their doctor but cannot be performed due to poor staff, technician on hand or over booked scheduling.

We feel that without question our facility will benefit the community. For a patient seeking answers, or a doctor in great need of helping his/her patients to obtain those answers, testing is needed without wait, but is sometimes not possible. In this profession MRI imaging is a common and much needed way to obtain the answers to diagnosing problems and, preparing for a medical procedures. Which often cannot wait. Our facility can help. again, we feel a great need for our facility in this area and feel that this community will be greatly benefitted by it.

AFFIDAVITApplicant: ASHRAEF F HUSSEINProject Title: BRIDGEPORT M.R.I. CENTERI, ASHRAEF F HUSSEIN CEO
(Name) (Position - CEO or CFO)of Bridgeport MRI Center being duly sworn, depose and state that the
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that Bridgeport MRI Center complies with the appropriate and
(Facility Name)applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486
and/or 4-181 of the Connecticut General Statutes.Signature: [Signature]Date: 6/29/04Subscribed and sworn to before me on June 29, 2004[Signature]
Notary Public/Commissioner of Superior CourtMy commission expires: 5/31/06